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**\*\* CONTINUING DATA \*\*\*\*\***  
 NONE, ME

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 NONE, ME

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature: <i>M. Shafiq Alam Elahi</i> ME Initials:	<b>STATE OR COUNTRY</b> OR	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 30	<b>INDEPENDENT CLAIMS</b> 3
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**ADDRESS**  
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**TITLE**  
 Technique for sharing information through an information assistance service

<b>FILING FEE RECEIVED</b> 1080	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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